

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

Low Molecular Weight Heparin Derivatives – Non-Traditional Medicaid

(Includes Lovenox, Fragmin, Innohep)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

TELEPHONE AUTHORIZATION
CALL (801) 538-6155, Options 3, 3, 2.

CRITERIA:

- PRE-OPERATIVE for 3 days only for patients who must stop coumadin prior to surgery.
- POST- OPERATIVE for patients to be regulated on coumadin for 5 days only.
- POST operative prevention of DVT in patients with below and including abdomen surgeries, (i.e., hip, Acute knee, & ankle, not including foot and toes. (Max. 10 days).
- DVT/PE treatment in conjunction with coumadin regulation and treatment. (Max. 10 days)
- Unstable Angina: ischemic complications in unstable angina and non-Q-wave MI patients on concurrent aspirin therapy. (Max. 10 days)
- Treatment or secondary prevention of DVT/PE in cancer patients (authorized for 12 months).
- Authorization for Innohep and Fragmin require a trial and failure of or contraindication to the preferred product (generic enoxaparin).

NOTES:

This request form is for Non-Traditional Medicaid (blue card). Clients enrolled in Traditional Medicaid (purple card) may receive generic enoxaparin without a Prior Authorization. Other agents in this class may require a Non-Preferred Authorization for Traditional Medicaid clients.

RE-AUTHORIZATION:

Based on INR. Considered on an individual basis.

10/7/10

<http://health.utah.gov/medicaid/pharmacy>